



DEPARTMENT OF PHYSICAL EDUCATION & SPORTS SCIENCES
(Faculty of Inter-Disciplinary & Applied Sciences University of Delhi)
B -BLOCK, VIKASPURI, NEW DELHI-110018

Ref: DPE/1063/11/Ph.D.

Dated: 9.11.11

SUBJECT: REGISTRATION FOR PH.D. IN PHYSICAL EDUCATION

This is for the information of desirous candidates that applications on the prescribed form (alongwith 8 copies of synopsis of their research proposal, a passport size photograph and photocopies of all testimonials needed for the consideration of eligibility) may be submitted to the Department of Physical Education & Sports Sciences for provisional registration to the degree of Ph.D.

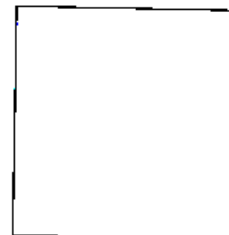
The application form may be obtained from the website www.igipess.com or personally from the office of the department on any working day between **10:00 a.m. and 4:00 p.m.**

The last date for submitting the application alongwith 8 copies of synopsis is **9th December, 2011.**


(Dr. D.K. Kansal) 9/11/11
H.O.D.

**UNIVERSITY OF DELHI SOUTH CAMPUS
FACULTY OF INTERDISCIPLINARY & APPLIED SCIENCES**

**Application Form for Admission to Ph.D. Course
in the Department of.....**



To
The Registrar,
University of Delhi
DELHI-110007

Sir,

I apply for admission as a research student for the Ph.D. Degree of the University of Delhi in the Faculty of Interdisciplinary & Applied Sciences.

I certify that the statements made below in columns 1 to 24 are true to the best of my knowledge and belief.

Yours faithfully,

Date.....

Signature of Candidate

- | | | |
|---|---|-------------------------|
| 1. Name (in block letters)
Mr./Mrs./Miss | : | _____ |
| 2. Present Address along with e-mail
and Mobile number | : | _____

_____ |
| 3. Date of Birth | : | _____ |
| 4. Nationality | : | _____ |
| 5. University Enrolment Number | : | _____ |
| 6. Name of Father or Guardian
(with relationship) | : | _____ |
| 7. Name, Address and Occupation of
Father/Guardian | : | _____

_____ |
| 8. Permanent Home Address | : | _____

_____ |
| 9. Religion | : | _____ |
| 10. Whether applicant belongs to SC/
ST or Backward class? | : | _____ |

11. Educational Institutions attended and Examination Passed starting with Matriculation/Higher Secondary/SSC Examinations.

Name of Board/ University etc.	Examination passed	Year	Roll No.	Marks Obtained	Total No. of marks for the Examination	%age	Subjects offered and passed at the Examination

12. Precise Title of Research (In Block Letters)

13. Details of previous experience in research with publication, if any (if the space is not sufficient please attach a separate sheet).

14. State the name of the institution to which the candidate desires to attach himself/herself.

15. State if residential accommodation is desired, if so, state name of the Hostel.

16. Name of the European languages (French, German, Russian or Italian, any other), you can read and write and also state if you have passed any recognized examination.

17 a. Is the candidate employed in any Institution? Give the name of the Institution, designation and nature of the work and date of appointment on the substantive post.

17 b. If answer to 17a is yes, certificate to be signed by the Head of the Institution in which the candidate is employed.

I certify that the application is being made with my consent and permission.

Dated:

Signature of the Head of the Institution
(Seal)

